

Departure from Switzerland – Reply coupon for Unemployment

Name and first name _____ Client No _____

Date of birth _____ Nationality _____

Marital status _____ Country of destination _____

Current legal address (street, postcode, town and country) _____

Telephone number _____ Email address _____

Name and address of the bank _____

BIC/SWIFT _____

IBAN and/or account number _____

Family member(s)

Spouse

Name and first name of spouse _____

Insurance company of spouse _____

☐ My spouse is not gainfully employed _____

☐ My spouse is gainfully employed in (please indicate name of country) _____

☐ My spouse is receiving a pension / daily allowance benefits : ☐ Yes ☐ No

If yes, name of the country / body from which the pension is received _____

Children

- ☐ I have no dependent children.
- ☐ I have a dependent child / dependent children. If yes, please fill in the following table :

First name of Child	Name of Child	Date of birth	Insurer(s)	Situation (in school, apprentice, etc)
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Beneficiary of Swiss unemployment insurance since _____

☐ **I wish to maintain my contract**

- Include a certificate from the Swiss commune confirming your departure
- Include the (U2) form issued by the unemployment benefits agency

The premium for your compulsory health insurance will be adjusted according to your new country of residence.

☐ **I wish to terminate my contract and take out insurance in my new country of residence**

- Include a certificate from the Swiss commune confirming your departure
- Contact the competent authority of your cantonal unemployment insurance fund in order to exercise your right of option (only for departures to Austria, France, Germany and Italy)
- Enclose the certificate of your foreign insurance specifying the date of affiliation
- Include the (U2) form issued by the unemployment benefits agency

My income comes / will come from abroad (*pension, salary, unemployment, daily allowance*): ☐ Yes ☐ No

If yes, since _____

Type of income _____ Country of origin _____

Activity rate (%) _____

- Attach the certificate of departure from the place of residence in Switzerland

Place and date :

Signature :



Please return this document to the following address :
Groupe Mutuel – Contracts - Rue du Nord 5 - PO Box - CH-1919 Martigny